

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585167

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			2			
10			2			
11			2			
12			2			
13			2			
14			2			
15			2			
16			1			
17			2			
18			2			
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34			2			
35			2			
36			1			
37			1			
38			1			
39			1			
40			2			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48						
49						
50						
TOTAL IND.		2				
TOTAL DEP.		79				
TOTAL CLAIMS		79				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						